AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

CONVERSION FORM

Transaction ID: _____ (for office use)

Date : D D M M Y Y Y Y Account Number :

Account Title :

CONVERSION DETAILS

Write either **units or amount,** In case both written, amount will be considered for redemption/ conversion out. Where units or amount requested for redemption/ conversion out is more than balance available, all available balance will be redeemed/ converted out.

S. No.	REDEEM / CONVERT 'OUT'				INVEST / CONVERT 'IN'
	NAME OF FUND / PLAN	UNITS	OR	AMOUNT (Rs.)	NAME OF FUND
1.			OR		
2.			OR		
3.			OR		

S. No.	NAME OF FUND	FUND CATEGORY	RISK OF PRINCIPAL EROSION
1.	AL Habib Cash Fund	Money Market Scheme	Very Low
2.	AL Habib Money Market Fund	Money Market Scheme	Very Low
3.	AL Habib Islamic Cash Fund	Shariah Compliant Money Market Scheme	Very Low
4.	AL Habib Islamic Money Market Fund	Shariah Compliant Money Market Scheme	Very Low
5.	AL Habib Fixed Return Fund	Fixed Rate / Return Scheme	Low
6.	AL Habib Islamic Munafa Fund	Shariah Compliant Fixed Rate / Return Scheme	Low
7.	AL Habib Government Securities Fund	Income Scheme	Moderate
8.	AL Habib Income Fund	Income Scheme	Medium
9.	AL Habib Sovereign Income Fund	Sovereign Income Scheme	Medium
10.	AL Habib Islamic Income Fund	Shariah Compliant Income Scheme	Medium
11.	AL Habib Islamic Savings Fund	Shariah Compliant Income Scheme	Medium
12.	AL Habib Asset Allocation Fund	Asset Allocation Scheme	High
13.	AL Habib Stock Fund	Equity Scheme	High
14.	AL Habib Islamic Stock Fund	Shariah Compliant Equity Scheme	High

STATEMENT OF RISK ASSESSMENT

Undertaking by Investor:

I/ We hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me/us.
I/We have reviewed the results of my/our risk assessment and have decided to invest in Fund(s) which have a risk level higher/lower than what is recommended.
I/We fully understand that I/We am/are taking more/lesser risks in exchange for a possible return. I/We expressly agree to resume such risk.

Signature Signature Signature Signature

NOTE: Redemption/conversion cannot be processed unless original certificate(s), if issued to you are returned to us. And all units are converted into AMC electronics from CDS account. Application incomplete in any respect and/ or not accompanied by required documents are liable to be rejected or held until complete requirements are fulfilled.
The cooling-off rights available only for the first time investment by an individual unit holder in a particular CIS.
Investors who opt to exit before maturity from Fixed Rate/ Return Fund are likely to earn a lower return than Fixed Return due to market movement and impact cost. Further Contingent Load will be charged which shall commensurate with net loss incurred due to early redemption.

DECLARATION

I/We undersigned would like to redeem/ convert my/our investment as per above details. I/We confirm having read and understood the Trust Deeds, Offering Documents and FMR (also handed over to me) of respective Fund(s) that govern the transaction and further acknowledge having understood the risks involved. I/We agree to abide by the terms and conditions therein. I/We understand that proceeds may be subject to deductions including capital gains tax. I/We acknowledge that I/We have read the Key Fact Statement at the time of investment, and I/We have read and understood the terms and conditions to the best of my/our knowledge and have retained copy of the same.

Signature Signature Signature Signature

(For Office Use Only)

DISTRIBUTOR / SALES AGENT UNDERTAKING:

I/ We have explained the risk of the fund being sold to the investor, including the possibility of principal being at higher risk in case of high risk funds. I/ we have neither made nor implied any guarantee with respect to return on investment amount, nor quoted any fixed return percentage or amount to the investor.
I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Investor. I will inform the Management Company if I identify any such factor or event in future relating to the Investor.

(Name, Signature or / and Stamp)
Distributer/ Sale Agent

(Name, Signature or / and Stamp)
Name & Signature of Immediate Supervisor

Data Input : (Name / Signature) Data Verified : (Name / Signature) Remarks :

Disclaimer: Use of the name and logo of 'Bank AL Habib Limited' (the Bank) as given above does not mean that the Bank is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme(s) managed by it.